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(BPD)

ATTACHMENT 2.2-A

Page 6b

OMB NO.: 0938-

State:

ARKANSAS

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

SSA

1902(a) (10)(A)(i)(II) and 1905 (q) of the Act

- 14. Qualified severely impaired blind and disabled individuals under age 65, who--
 - For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
 - b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--
 - (1)Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;
 - (2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;
 - (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.

TN No. Supersedes Approval Date DEC 3 0 1991

Effective Date UUI

TN No.

Attachment 2.2-A, Page 6, item 10. a.,b. and c. Approved 7-30-87, TN 87-12 HCFA ID: 7983E

STATE ARKANSUS	
DATE PEC'D NOV 2 7 1991	1
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- A. <u>Mandatory Coverage Categorically Needy and Other Required Special Groups</u> (Continued)
 - (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
 - (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
 - Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that deter	rmines eligibility for coverag	e.
TN No. Supersed	Approval Date DEC 3 0 1991	Effective DateOCT () 1 1991
TN No. 0 1912		HCFA ID: 7983E
Attachment 2.2-A, Page 6, Item and Page 6a, Item 10. e. and Optional Paragraph 2, Approved 7-30-87, TN 87-12	10.d.,	Artonses

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Agency* Citation(s) Groups Covered

Α. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1619(b)(2) of the Act

The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

*Agency	that	determines	eligibility	for	coverag	ie.
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TN No. Supersede TN No.

Approval Date DEC 3

Effective Date ______00T 01 1991

HCFA ID: 7983E

Attachment 2.2-A, Page 6a, Third Paragraph, Approved 7-30-87, TN 87-12

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HCFA 179

Revision: HCFA-PM-91- 4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 6e OMB NO .: 0938-**ARKANSAS** State: Agency* Citation(s) Groups Covered Α. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) DEMS 1634(c) of 15. Except in States that apply more restrictive the Act eligibility requirements for Medicaid than under SSI, blind or disabled individuals who -a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility. // c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. $\sqrt{}$ d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility. DEMS 42 CFR 435.122 16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under \$435.230), because of requirements that do not apply under title XIX of the Act. SSA 42 CFR 435.130 17. Individuals receiving mandatory State supplements. *Agency that determines eligibility for coverage. Approval Date DEC 3 0 1991 TN No. Effective Date Supersed TN No. HCFA ID: 7983E Attachment 2.2-A, Page 6a, Item 11a. & b., and Page 6b, Items 12 and 13, Approved 7-30-87, TN 87-12

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assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment. <u>/X/</u> In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s): X Disabled $X_{_Blind}$ Aged Not applicable. In December 1973, the essential spouse was not eligible for Medicaid. *Agency that determines eligibility for coverage. TN No. Approval Date DFC 3 0 1991 Effective Date Supersede HCFA ID: 7983E TN No. Attachment 2.2-A, Page 6b, Item 14, Approved 7-30-87, TN 87-12 DATE REC'D NOT Α DATE EFF

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42 CFR 435.131

Agency*

SSA

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State:_

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18.

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Groups Covered

Individuals who in December 1973 were eligible for

essential to the well-being of a recipient of cash

Medicaid as an essential spouse and who have continued, as spouse, to live with and be

A. Mandatory Coverage - Categorically Needy and Other

Required Special Groups (Continued)

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A Page 6g AUGUST 1991 OMB NO.: 0938-ARKANSAS State:_ Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) DEMS 42 CFR 435.132 19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they-a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and b. Remain institutionalized; and c. Continue to need institutional care. DEMS 42 CFR 435.133 20. Blind and disabled individuals who-a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and b. Were eligible for Medicaid in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

*Agency that determines eligibility for coverage. Approval DateUEU 3 0 1991 TN No. Effective Date UC 01 1991 Supersed TN No.

Attachment 2.2-A, Page 6c Approved 7-30-87, TN 87-12 HCFA ID: 7983E

DATE REC'D NOV 2 DATE APPV'D DEC 3 0 1991 Α DATE EFF. HCFA 179

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	State:	ARKANSAS	OMB NO.: 0938-
Agency*	Citation(s)	Group	s Covered
			gorically Needy and Other
DEMS	Reg	uired Special Groups (Continued)
42 CF	R 435.134 21.	for the increase in 92-336 (July 1, 197	ld be SSI/SSP eligible except OASDI benefits under Pub. L. 2), who were entitled to OASDI who were receiving cash t 1972.
		for cash assista	who would have been eligible nce but had not applied in s group was included in this 972 plan).
		for cash assista medical institut	who would have been eligible nce in August 1972 if not in a ion or intermediate care roup was included in this 972 plan).
		Not applicable w care facilities; cover this servi	ith respect to intermediate the State did or does not ce.
*Agency t	hat determines e	ligibility for coverag	e.
TN No.	Approv	al DateDFC 2 A 1004	Effective DateDCT 0.1 1001
Supersed TN No.	7-12	- 1 59	HCFA ID: 7983E
Attachment 2.2 Approved 7-30	-A, Page 7, Item 17, -87, TN 87-12		
			the table
		STATE	NOV 7 1991
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		HCFA 179	71-26

A. DEMS	Mandatory Required S	<u> Coverage - Categorically Needy and Other</u> <u>pecial Groups</u> (Continued)
42 CFR 435.135	22. Indi	viduals who
	b	re receiving OASDI and were receiving SSI/SSP ut became ineligible for SSI/SSP after April 977; and
	s 1 e	ould still be eligible for SSI or SSP if ost-of-living increases in OASDI paid under ection 215(i) of the Act received after the ast month for which the individual was ligible for and received SSI/SSP and OASDI, oncurrently, were deducted from income.
	<u>/X</u> 7	Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.
	\Box	Not applicable because the State applies more restrictive eligibility requirements than those under SSI.
	<i>_</i> 7	The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.
*Agency that determin TN No. Ap	es eligibil proval Date	DEC 0 0 1001
TN No. Attachment 2.2-A, Page 7, Item 18.a. Approved 7-30-87, TN 87-12 and Page 8, Item 18.b., Approved 10-24-88, TN 88-28	<u> </u>	STATE NOVE 1991 DATE REC'D DEC 3 0 1991 DATE APPV'D DEC 3 0 1991 DATE SEFF HOFA 179

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Groups Covered

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Agency* Citation(s)

State:____

Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) DEMS Disabled widows and widowers who would be 1634 of the 23. Act eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act. 174 Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients. The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eliqible for SSP only, when determining countable income for Medicaid categorically needy eligibility. *Agency that determines eligibility for coverage. Approval Date DEC 3 U 1991 001 01 1991 TN No. Effective Date Superseder / IN No. HCFA ID: 7983E Attachment 2.2-A, Page 8, Item 19, Approved 10-24-88, TN 88-28 and Page 9, First Two Paragraphs, Approved 3-18-91, TN 91-04

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	State/Territo	ory:	A	RKANSAS
Agency*	Citation(s)			Groups Covered
Act	of the	Man Req	datory C uired Sp	Coverage - Categorically Needy and Other ecial Groups (Continued)
DEMS		24.	unmarr to the least effect are re of the eligib in the began eligib title	ded widows, disabled widowers, and disabled a divorced spouses who had been married insured individual for a period of at ten years before the divorce became live, who have attained the age of 50, who acciving title II payments, and who because receipt of title II income lost will for SSI or SSP which they received month prior to the month in which they to receive title II payments, who would be ole for SSI or SSP if the amount of the II benefit were not counted as income, and se not entitled to Medicare Part A.
				The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.
				In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in \$ 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.
				In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in \$1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.
STATE	DEC/3 0 1991	اله		In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual.

FEB 05 1992

DATE REC'D

^{*}Agency that determines eligibility for coverage.